

DIPLOMA RE-ORDER FORM

**WESTFIELD STATE UNIVERSITY
OFFICE OF THE REGISTRAR**

This form should be used by Alumni who are looking for a re-printed diploma and not by current students applying for graduation.

Name Attended Under: _____

Date of Graduation: _____ Major: _____

Date of Birth: _____ Student ID or last four of Social Security #: _____

Email Address: _____

Phone Number: _____

I was a (select all that apply) Day Student Evening Student Graduate Student

Full name as it should appear on diploma reprint (example: Jonathan Q. Smith, Jr.):

Please note: If you are requesting a different name other than the name you originally graduated under, official documentation of the name change must accompany this request.

Address to mail new diploma: _____

Signature: _____ Date: _____

***Return form and check or money order for \$25.00 made out to Westfield State University to:
Office of the Registrar
Westfield State University
PO Box 1630
Westfield, MA 01086-1630***

Office Use Only:
Degree Type: _____ Major(s): _____ Honors: _____
Graduation Term: _____ Diploma printed/mailed on: _____